

spermia, failure to ovulate or hostile cervical mucus. An infertility workup should always be carried out, and maximum information obtained concerning the tubes by seeing the old operative records, using hysterosalpingography and viewing the tubes through a laparoscope. For couples where the only problem consists of tubal occlusion, microsurgery has improved the prognosis and enabled many previously infertile couples to achieve a pregnancy.

WM. LESLIE G. QUINLIVAN, MD
REFERENCE

Phillips JM (Ed): *Microsurgery in Gynecology—Proceedings of the Workshop for Laparoscopy and Microsurgical Repair of the Fallopian Tube and the First International Congress of Gynecologic Microsurgery*. Downey, CA, American Association of Gynecologic Laparoscopists, 1977

Real-Time Ultrasound in Obstetrics

THE ABILITY to visualize and measure intrauterine structures has resulted in new information in the clinical practice of obstetrics. Real-time (RT) imaging is the term applied to ultrasound scanners that display moving structures. This is accomplished by high-speed presentation of a series of images at frame rates in excess of 30 per second, the usual level for flicker-free viewing. Image resolution has been greatly improved, although it is generally inferior to static B-scans.

The enthusiasm among physicians in RT echography is enhanced by the small size and ease of operation of this equipment, and the low cost and the short time involved in scanning the gravid uterus. Most units are portable and can be used

at the bedside or in the office. Fetal movements and cardiac pulsation can be visualized from as early as eight weeks gestation, thus allowing differential diagnosis between threatened abortion and fetal demise. For amniocentesis, pockets of amniotic fluid can be identified and the depth for puncture be determined in order to avoid injury to the fetus, umbilical cord or placenta. In patients with third trimester bleeding the placenta can be localized.

The most useful measurement in evaluating fetal age and growth is the biparietal diameter of the skull. The accuracy of these measurements is approximately 2 mm with the use of RT as compared to caliper measurements of neonates delivered by repeat cesarean section. Sonar dating is indicated in patients with uncertain dates or size-date discrepancies, and in high-risk pregnancies where preterm delivery is likely if trouble arises later. The optimal time for dating is from 22 to 26 weeks because body size of all fetuses is rather similar during this period of pregnancy.

Optional equipment improving the efficiency of RT scanners is a camera to take pictures of representative tomograms, electronic calipers, a freeze-frame for measurements, and a key board for patient identification and labeling of structures on the scan.

KLAUS J. STAISCH, MD

REFERENCES

- Hughey M, Sabbagha RE: Cephalometry by real-time imaging: A critical evaluation. *Am J Obstet Gynecol* 133:825-830, Aug 15, 1978
Ferrucci JT Jr: Body ultrasonography. *N Engl J Med* 300:538-542, Mar 8, 1979

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ARTICLES TO READ IN OTHER JOURNALS

EDITOR'S NOTE: Members of the Editorial Board on occasion call attention to articles they consider to be important in other journals. These titles together with a brief assessment of the articles are published for the information of our readers.

Estrogen Replacement Therapy I: A 10-Year Prospective Study in the Relationship to Osteoporosis

Nachtigall LE, Nachtigall RH, Nachtigall RD, et al
Obstetrics & Gynecology
53:277-281, Mar 1979

DISCIPLINES: General and Family Practice, Surgery, Obstetrics, Gynecology, Orthopedics

READABILITY: Very good

A ten-year prospective study is reported on the effects of estrogen on the prevention of osteoporosis. It was prompted by the observation that by age 60 there are ten times as many forearm fractures among women than among men, that one of four white women over 60 have spinal compression fractures, and that one woman of five with hip fractures will die within three months of the injury. Early use of estrogen in postmenopausal women prevented or halted the osteoporosis process.

Fetal Cranial Injuries Related to Delivery With the Malmström Vacuum Extractor

Plauché, WC
Obstetrics & Gynecology
53:750-757, Jun 1979

DISCIPLINES: General and Family Practice, Obstetrics, Pediatrics

READABILITY: Excellent

This article is written without bias. It tells of the uses as well as the limitations of vacuum extractors. Techniques to be followed to reduce the recurrence of scalp laceration and subgaleal hematomata are described. The article should be required reading for anyone interested in vacuum extraction, and it contains an excellent bibliography.

Morbidity and Mortality of Advanced Gestational Age: Post-Term or Postmature

Callenbach JC, Hall RT
Obstetrics & Gynecology
53:721-723, Jun 1979

DISCIPLINES: General and Family Practice, Obstetrics, Pediatrics

READABILITY: Excellent

Postmaturity of infants, as compared with prematurity, has received relatively little attention. But these authors point out that even large, appropriately grown, postterm infants are at risk of anoxic encephalopathy, aspiration pneumonia and intracranial hemorrhage. The authors hypothesize that "the senile placenta has enough reserve to provide for the continued growth of the fetus but not for the stress of labor."

Adolescent Contraceptive Use: Current Status of Practice and Research (Reviews)

Freeman EW, Rickels K
Obstetrics & Gynecology
53:388-394, Mar 1979

DISCIPLINES: General and Family Practice, Obstetrics, Gynecology, Psychiatry

READABILITY: Very good

This review makes several points regarding adolescent pregnancies: (1) 55 percent of unmarried women have intercourse by age 19. (2) Only a small percentage (16 percent) of sexually active teenagers desire pregnancy. (3) Lowering of the rate of teenage pregnancies and abortions can be achieved only when adolescents have full knowledge of and free access to confidential contraceptive service. (4) There is no evidence that the availability of contraceptives encourages premarital sex.

Female Sterilization and Subsequent Ectopic Pregnancy

Wolf GC, Thompson NJ
Obstetrics & Gynecology
55:17-19, Jan 1980

DISCIPLINES: Obstetrics, Gynecology, General and Family Practice, General Surgery

READABILITY: Very good

In one of 13 ectopic pregnancies there had been a tubal sterilization procedure. That finding came from an eight-year retrospective study. The sterilization can actually be a causative factor. Past history of a tubal ligation should remind us to include ectopic pregnancy in our differential diagnosis.

Fetal-Maternal Bleeding Associated With Genetic Amniocentesis

Mennuti MT, Brummond W, Crombleholme WR, et al
Obstetrics & Gynecology
55:48-54, Jan 1980

DISCIPLINES: Obstetrics, Gynecology, Radiology, Ultrasound

READABILITY: Very good

These authors present evidence to show that fetal-maternal (fetal-to-maternal) bleeding does occur as a result of amniocentesis. This added hazard reinforces the dictum that placental localization must precede amniocentesis. In addition, they recommend that Rh immunoglobulin be administered to all Rh negative nonsensitized women after amniocentesis.

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